

# Gender differences for leading causes of crude and premature mortality in Malaysia for 2013

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## ABSTRACT

**Introduction:** Crude and premature mortality statistics are important indicators of a population's health. In recent years, premature mortality, described using Years of Life Lost (YLL) has been seen to be more beneficial in describing age specific deaths within a population. Due to different gender lifestyles and risk behaviours, this paper aims to identify the gender differences between leading causes of crude and premature mortality in 2013. **Methods:** The mortality data for 2013 was obtained from the Department of Statistics Malaysia. The crude mortality was then derived from the hospital and non-hospital deaths. The premature mortality was calculated using Years of Life Lost (YLL), based on the method used by the Global Burden of Disease (GBD) study. The YLL was determined by the age-specific number of death and life expectancy at death. **Results:** The leading causes for crude mortality in males were Ischemic Heart Diseases (IHD) (16.8% of total deaths), Stroke (15.6%), Pneumonia (9.1%), Road Traffic Accident (RTA) (8.1%) and Diabetes Mellitus (DM) (5.3%) respectively. IHD remains the leading cause for premature mortality in males (14.7% of total YLL), followed by RTA (14.2%), Stroke (11.1%), Pneumonia (6.7%) and Diabetes Mellitus (4.2%). In females, the leading causes for crude and premature mortality were the same which are Stroke (20.2% of total deaths and 14.3% of total YLL), IHD (11.3%, 9.0%), Pneumonia (10.9%, 8.3%), DM (8.0%, 7.4%) and Breast Cancer (3.6%, 4.6%) respectively. **Discussion:** Non-communicable diseases such as IHD and stroke are the most common causes of mortality for both males and females. RTA is more prevalent among younger males evident by the higher percentage of YLL compared to crude mortality. Breast cancer remains among the top five causes of female mortality. In view of these findings, prioritisation of preventive strategies should be tailored according to gender.

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# Health literacy, anxiety and depression among diabetes mellitus patients in Klinik Kesihatan Tudan, Miri Sarawak

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## ABSTRACT

**Introduction:** Health literacy is defined as the ability to access, understand, evaluate and communicate health information as a way to promote, maintain and improve individual health. Effective health literacy begins in early childhood and continually builds on knowledge and experience gained throughout of the life span. However, along with the individual development journey, anxiety and depression will interfere individual health literacy, especially to certain vulnerable groups. **AIMS:** To determine the health literacy, anxiety, and depression among patients with type-2 Diabetes. **Study Design:** A Cross-sectional study. **Methodology:** The 219 respondents were chosen by using purposive sampling technique. Interview session was conducted through the one-to-one interview. **Results:** The age range of the respondents is 21 until 86 years old, which mostly consisted of women, Iban, most of them are housewives, had primary education and could communicate in the Malay. The majority of the respondents had inadequate health literacy (88.6%) while (6.4%) moderate health literacy and (5.0%) adequate health literacy. For anxiety levels, the majority (93.2%) have normal anxiety and it's consisted with the majority of respondents having high normal depression (98.2%). A Fisher's Exact Test indicated that there are significant differences between health literacy with education level ( $p=0.01$ ), types of occupation ( $p=0.01$ ), language ( $p=0.01$ ) and health information sources ( $p=0.01$ ). In the meantime, Spearman Correlation Test indicated that there is a weak negative significant association between health literacy and depression ( $p=0.01$ ,  $r=-0.177$ ). **Discussion:** Based on this study, depression associated with health literacy instead of other socio-demographic characteristics. Further research to examine the factors that associated with their health literacy especially in the aspect of psychological should be enhanced so that more interventions can be designed and conducted to address chronic disease issues in the future.

## KEY WORDS:

*Health literacy, Anxiety and Depression, Diabetes Mellitus, Newest Vital Sign (NVS), Hospital Anxiety and Depression Scale (HADS)*